| A TOTAL CONTRACTOR OF THE STATE |  |  |                                       |                                   |  |                   |  |                          | Application or Docket Number |       |                              |                         |  |
|--|--|--|---------------------------------------|-----------------------------------|--|-------------------|--|--------------------------|------------------------------|-------|------------------------------|-------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2003   |  |  |                                       |                                   |  |                   |  | 09/609370                |                              |       |                              |                         |  |
| -  |  | . CLAIMS A                                 | S FILED (Column                       |                                   |  | Column 2)         |  | SMALL ENTITY TYPE        |                              | OR    | OTHER THAN<br>OR SMALLENTITY |                         |  |
| TOTAL CLAIMS   |  |  |                                       |                                   |  |                   | · [  | RATE                     | FÉE                          | ٦.    | RATE                         | FEE                     |  |
| FOR  |  |  | NUMBER FILED                          |                                   | NUMBER EXTRA   |                   |  | BASIC FE                 | € 385.00                     | OR    | BASIC FEI                    | 770.00                  |  |
| TOTAL CHARGEABLE CLAIMS  |  |  | <b>m</b> inus 20≃                     |                                   | ·  | ·                 |  | X\$ 9=                   |                              | OR    | XS18=                        |                         |  |
| INDEPENDENT CLAIMS   |  |  | minus 3 =                             |                                   | •  |                   | X43  |                          |                              | OR    | X86=                         |                         |  |
| M  | JLTIPLE DEPE   | NDENT CLAIM P                              | RESENT                                |                                   |  |                   |  | +145=                    |                              | OR    | +290=                        |                         |  |
| • [1   | the difference   | e in column 1 is                           | less than zero, enter "0" in column 2 |                                   |  | L                 | TOTAL  |                          | OR                           | TOTAL |                              |                         |  |
| 9  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |                                       |                                   |  |                   |  | SMALL                    | ENTITY                       | OR    | OTHER                        | 0                       |  |
| ENTA   | D  | CLAIMS REMAINING AFTER AMENDMENT           |                                       | HIGH<br>NUME<br>PREVIO<br>PAID I  | EST<br>BER<br>OUSLY  | PRESENT<br>EXTRA  |  | RATE                     | ADDI-<br>TIONAL<br>FEE       |       | RATE                         | ADDI-<br>TIONAL<br>FEE  |  |
| Ş<br>Ş   | Total  | . 25                                       | Minus                                 | ئے ۔۔                             | 14   | = /               |  | X\$ 9 <u>≈</u> .         |                              | OŖ    | X\$78-                       | 50                      |  |
| AMENDMENT  | Independent  | NTATION OF MI                              | Minus                                 | SEALO EAST                        | 5  | = /               |  | X43=' '                  |                              | OR    | X86=                         | 200                     |  |
|  | HHST PHESE   |  | <del></del>                           |                                   |  |                   | ' <b> </b>                                   | +145=                    |                              | OR    | +290=                        |                         |  |
|  | BEST AVAILABLE COPY  |  |                                       |                                   |  |                   |  |                          |                              | OR    | TOTAL<br>LOOIT, FEE          | 250                     |  |
|  | 2-18-06  | (Column 1)                                 | ,                                     | (Colum                            |  | (Column 3)        | . —  |                          |                              |       |                              |                         |  |
| AMENDMENT'B  | E  | CLAIMS REMAINING AFTER AMENDMENT           |                                       | HIGHT<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY.   | PRESENT<br>EXTRA: |  | RATE                     | ADDI-<br>TIONAL<br>FEE       |       | RATE                         | ADDI-<br>TIONAL<br>FEE. |  |
|  | Total ·  | . 25                                       | Minus                                 | 20                                | 3  | <b>=</b> Ø .      | :  | X\$.9;=.                 |                              | OR    | X\$18=                       |                         |  |
| ME   | Independent  | . 6  | Minus                                 |                                   | o de la companya de l | - 0               |  | X43=                     | ·                            | OR    | X86=                         |                         |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |                                       |                                   |  |                   |  | 145=                     |                              | OR    | +290=                        | : .:.                   |  |
|  |  |  |                                       |                                   |  |                   |  | TOTAL<br>DIT, FEE        |                              | OR ,  | TOTAL<br>DOT, FEE            |                         |  |
|  | And the second s | (Column 1)" (Column 2) (Column             |                                       |                                   |  |                   |  |                          | • • • • •                    | : "   |                              |                         |  |
| NTE  | P  | CLAMAS<br>REMAINING<br>AFTER<br>AM-ENDMENT |                                       | HIGHE<br>NUMB<br>PREVIO<br>PASD F | ER<br>USLY   | PRESENT<br>EXTRA  | F  | WE                       | ADDI-<br>TIONAL<br>FEE       | ·     | PATE"                        | ADDI-<br>TIONAL<br>FEE  |  |
| MON  | Total  | •  | Minus                                 | -2                                | 5  | =                 | . 5  | <b>(\$ 9</b> =           |                              | OR    | X\$18=                       |                         |  |
| AMENDMENT  | Independent  | •  | Minus                                 | •••                               |  | = '               | 7  | (43=                     |                              | OR    | X86=                         |                         |  |
|  | FIRST-PRESE  | NTATION OF MU                              | LIPLE DEP                             | ENDENT                            | CAIM,  | انداما ا          | 1  | 145=                     |                              | OR    | +290=                        |                         |  |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Pro. "hos" Paid For" IN THIS SPACE is less than 20, enter "20."   |  |                                       |                                   |  |                   |  |                          |                              | ے ک   | TOTAL<br>DOTT, FEE           |                         |  |
|  | # the "Highest Nu  | mber Provider t; Pald                      | id For IN THE                         | S SPACE IS                        | less that  | n 3, enter "3."   |  | NT. FEE L<br>In the appr | obujste par                  | _     | •                            |                         |  |
|  |  |  |                                       |                                   |  |                   | <u>.                                    </u> |                          |                              | :     | THE CHI                      |                         |  |